

ADDRESS OF THE HONORABLE JOHN E. FOGARTY, SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND TO THE FIFTEENTH WORLD HEALTH ASSEMBLY WHICH OPENED MAY 15 IN GENEVA, SWITZERLAND. THIS WILL BE THE FOURTH MEETING OF THE WHA ATTENDED BY CONGRESSMAN FOGARTY AS AN ADVISOR TO THE U. S. DELEGATION.

We live in an era when the attention of the world is focused on the efforts of nations to find ways to work together in common purpose.

The objective of the World Health Organization--to work together in the common purpose of attaining "the highest possible level of health" throughout the world--is one of the noblest of these efforts, and one showing the greatest success thus far.

The Organization has approached its objectives--whether they have been the eradication of malaria, the development of community water supply programs, or the promotion of international medical research --as a body of medical and health scientists largely unfettered by political considerations which have caused so many other international enterprises to fail.

Today, as I appear before this World Health Assembly for the fourth time, I would like to address myself to an objective which the United States shares with the World Health Organization--the promotion of international medical research. In sharing this objective we share two other areas of interest. One is a mutual concern for promoting the status of health throughout the world. The other is a mutual determination that international medical research shall not become a weapon of the cold war, that it shall always remain on a scientist to scientist, doctor to doctor basis and not on a political plane.

This determination on the part of the United States to keep medical research out of the international political arena is a reflection of our domestic policy of supporting medical research without political interference. As chairman for many years of a Congressional committee which recommends appropriations for the medical research programs of the Public Health Service and the National Institutes of Health, I have helped maintain this policy. Our decision on the amount of the appropriations is based to a large extent on what the nation's leading scientists tell us is needed to advance the research on which we all depend for the means to longer life and better health. True, my committee and I sometimes urge the scientists to take a second look at the needs, to feel free of penny-pinching considerations on this vital matter of research to promote the nation's health. Yet in our deliberations as a committee, and in the Congress as a whole, there is no attempt to influence the research by a political viewpoint or to direct medical research to follow a political policy.

To return to the international scene, I would like to examine for a few minutes the evolution of international health activities, and from them, international medical research activities.

Historically, as we know nations collaborated on health matters in the interest of protecting trade--not human health. Quarantine measures to control cholera, plague, yellow fever and smallpox had operated since the 14th century, but with the expansion of trade, they began to encumber shipping. Sailors were punished for disobeying quarantine regulations; infected ships were burned. Quarantine expenses at times ran as high as 50% of cargo values.

The first discussion of quarantine measures on the international level took place in Paris in 1851 and was followed by nine other meetings before 1900. Nothing came of them, except the fact of having met, because medical science was not sufficiently developed to deal adequately with the problems at hand.

The world's first permanent international health organization, the Pan American Sanitary Bureau, was established in the Western Hemisphere early in the century, antedating by almost a decade the organizations from which our World Health Organization here in Geneva traces its descent. We can all be proud of this youngest organization's record of achievement in eradicating the so-called "infectious disease belt" of the world.

As these infectious diseases are brought under control, other problems, unfortunately, arise to take their place. The chronic disabling diseases--heart disease, cancer, mental illness, neurological disorders--have emerged as the health problems of our time.

Throughout history, health problems--whether chronic or acute--have transcended national boundaries.

But with the well-known discoveries of such men as Pasteur in France, Koch in Germany, Fleming and Lister in England, and Pavlov in Russia, it became evident that there would be an international solution to an international problem. And part of this solution was to come through research.

And so it was that in 1959 the U. S. proposed at the Tenth World Health Assembly in Minneapolis that the World Health Organization intensively examine its role in medical and health research, and made a grant to support an intensive study directed toward that end.

During this same period, steps were taken in the Congress of the United States to expand somewhat our international medical research activities. I refer, of course, to the passage of the International Health Research Act of 1960 which I introduced in the House of Representatives. Although since its founding in 1930, the National Institutes of Health had been authorized to support research investigations in this and other countries, it was this 1960 Act that gave for the first time explicit and emphatic expression to Congress' support of international medical research.

Underlying this support was the Congressional intention that a clear distinction must be drawn between technical assistance and foreign aid programs on the one hand, and on the other, the support of research abroad. The research program has been established and conducted solely in the interests of science. Its objective is to support medical research performed by foreign scientists when such studies will advance the health status of the United States as well as the country in which the research is conducted.

The program may be compared to a three-legged stool. The legs, all of which are necessary to support ~~the~~ stool, are the research grants program, the training program, and the program for the dissemination of research findings.

Research grants are awarded to support studies of infectious disease, nutrition, and epidemiological surveys of large population groups, to mention but a few areas of interest. These projects are supported strictly on the basis of their scientific merit after thorough and painstaking technical review.

And because the program is neither an aid or a welfare program, research grants abroad are made to add to rather than to replace existing local programs, with the ultimate objective of encouraging the recipient country to assure increasing support of its own science activities.

As an example of the United States intention to support overseas research out of scientific--not political--considerations, I would like to call attention to a recent grant of \$2 million which the National Institutes of Health has made to Poland.

The grant is financing a program of cooperation between Polish and United States scientists on ten laboratory projects ranging from functional organization of the brain to causes of prenatal malformation in children. Most of the research will be done in Poland by Polish scientists.

Discussions leading to this agreement survived the Berlin crisis and numerous other international political difficulties. Yet because our countries have been seeking similar objectives, because the uniting of our different approaches could mean greater progress in a shorter amount of time, we have collaborated for the benefit of all mankind.

The second leg of the stool--the research training program--has as its major element the International Fellowships Program. Under it, outstanding young medical scientists may study for periods up to two years in United States universities and research institutions. In addition, U. S. scientists are able to study abroad under the sponsorship of outstanding foreign research scientists under this program.

The third leg of the stool is most vital because its purpose is to disseminate new research findings so that they may be put to good use throughout the world. In this new and unexplored area--the problems are unprecedented. We will have to find ways to handle the "explosion" in medical literature and arrange for the prompt publication and dissemination of research information. We will have to find imaginative and effective new ways to surmount language barriers.

In our effort to cope with some of the perplexing problems, an expert from the United States has recently been assigned to the World Health Organization as a specialist on the international exchange of scientific information.

This, in broad terms, is what we are doing. And the reason we are doing it may be termed a kind of "selfish unselfishness." For although we benefit from the talents and skills of highly competent foreign scientists, we are at the same time helping to strengthen the research knowledge and scientific potential of not only the countries where research is supported, but of other countries as well.

We are supporting international research because it forges weapons for peace, not war; because there is a great need for it, and our country must do what it can to help meet that need. We are supporting it because it will help in the realization of our aspirations of better health for a better world.

International health represents an endless quest for freedom from hunger, freedom from tragic disability, freedom from premature death, freedom from suffering.

By working together in common purpose, by broadening areas of international cooperation and agreement, by stressing for the present that which can be stressed, and by channeling certain forces in operation throughout the world into areas of common interest, we may hope eventually to achieve through world health, man's highest goal-- that of world order and world peace.